

2012 TEACHERS PROFESSIONAL DEVELOPMENT BOOKING FORM

Full payment or a school purchase order number must be supplied at the time of submitting this booking.

An email will be sent to the attendee upon receipt of this booking form that will confirm their place.

Refunds and credit notes will not be given for non-attendance or for cancellations received less than 7 working days before the program date.

Credit notes will be supplied for cancellations over 7 working days. Only in the event of Heide cancelling a program will a full refund be made.

PROGRAM

Program title: _____ Date: _____

Payment method: *(please select one)* _____ Program cost: _____

Purchase order: Number: _____

Credit card: Card type: _____ Card number: _____

Expiry: _____ Name on card: _____

Cheque: Attached and made payable to Heide Museum of Modern Art

ATTENDEE (complete one form per person)

Name: _____ Mobile: _____

Email: _____

I would like to subscribe to the Heide Education e-bulletin: yes no current subscriber

I would like to subscribe to the Heide general e-bulletin: yes no current subscriber

Do you have any specific dietary requirements? yes no If yes, please describe: _____

Heide Membership number: _____ Membership type: _____

How did you hear about the activity/program? _____

SCHOOL INFORMATION

School name: _____ School telephone: _____

Address: _____ Postcode: _____

School type: Government Independent Catholic Region: _____

PHOTOGRAPHY CONSENT*

I give permission for photographs of myself and/or my artwork to be reproduced and published without acknowledgement, remuneration or compensation by Heide Museum of Modern Art for the purpose of documenting and publicising Heide Education and Public Programs on Heide's website, marketing brochures, annual report and other printed material. (*Strike out if you do not consent.)

CONSENT

I am solely responsible for any injuries, losses, damages, costs and expenses sustained or incurred by myself as a direct or indirect result of my participation in the activity, to the extent permitted by law. I agree to release and forever discharge Heide Museum of Modern Art, its officers, employees, volunteers and agents from all proceedings, demands and claims in relation to any injuries, losses, damages, costs and expenses of whatever description and however arising (including consequential loss) which I may sustain or incur while at Heide Museum of Modern Art as a direct or indirect result of my participation in the activity.

I agree to indemnify and keep indemnified Heide Museum of Modern Art, its officers, employees, volunteers and agents from and against all liabilities, losses, damages, costs and expenses (including consequential loss) sustained or incurred by Heide Museum of Modern Art as a direct or indirect result of my participation in the activity. I consent to Heide staff seeking necessary emergency medical, hospital, dental, or ambulance services in the event of any form of illness or accident occurring to myself, as Heide staff may determine in its absolute discretion, at my sole cost and expense.

Signature: _____ Date: _____

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